

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017920

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 29 1962

1. PLACE OF DEATH  
a. COUNTY **Audrain**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Mexico**Length of stay in 1b  
Yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Audrain County Hospital**Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Audrain**c. CITY OR TOWN **Mexico**Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
**420 Christy**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First **Annie**Middle **Marie**Last **Wright**

4. DATE OF DEATH

Month **May** Day **22** Year **1962**

5. SEX

**Female**

6. COLOR OR RACE

**Negro**7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**1-15-1906**

9. AGE (last birthday)

**56**

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**10b. KIND OF BUSINESS OR INDUSTRY  
**own**11. BIRTHPLACE (City and state or country)  
**Mexico, Mo.**12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Frank Rowland**

13b. MOTHER'S MAIDEN NAME

**Ida Ramey**

14. NAME OF HUSBAND OR WIFE

**Frank Wright, Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Mrs. Mary Lenley Kansas City, Mo**18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Highly hypertensive right kidney**

INTERVAL BETWEEN ONSET AND DEATH

**2 years**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **June 5 1960** to **May 22 1962** and last saw her alive on **May 22 1962**  
Death occurred at **330 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**C. L. Garner M.D.**

(Degree or title)

22b. ADDRESS

**Missouri Mo**

22c. DATE SIGNED

**5-25-62**23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**23b. DATE  
**5-26-62**23c. NAME OF CEMETERY OR CREMATORY  
**Elmwood Cemetery**23d. LOCATION (City, town, or county)  
**Mexico, Missouri**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Arnold Funeral Home Mexico, Mo**

25. DATE RECD. BY LOCAL REG.

**MAY 26 1962**

26. REGISTRAR'S SIGNATURE

**Blanche Neely**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

C. L. Garner, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Frederick, Md.  
Mexico

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.